10/083 283 PTO/SB/06 (12-04)

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TENT FEE DETERMINATION RECORD								Application or Docke			Docket Number 3047-31628		
OFC. 16 Substitute for Form P10-875 APPLICATION AS FILED (Column 1) (Column 2)							SMALL ENTITY			OR OTHER THAN SMALL ENTITY			
H							<u> </u>		555.00				
	SIC FEE CFR 1.16(a), (b), or (NUMBE	R FILE	D NUMB	ER EXTRA	1	RATE (\$)	\top	FEE (S)		RATE (\$)	FEE (\$)	
SE	ARCH FEE CFR 1.16(k), (l), or (n		N/A		N/A		N/A				N/A		
	AMINATION FEE CFR 1.16(o), (p), or (a)) h	N/A		N/A		N/A				N/A		
	TAL CLAIMS CFR 1.16(i))		minus	20 =	•		x	=	0.00	OR	x =	0.00	
	EPENDENT CLAIMS CFR 1.16(h))		minus 3 =		•		x	=	0.00		x =	0.00	
APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).													
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							N/A				N/A		
* If the difference in column 1 is less then zero, enter *0" in column 2							TOTAL		0.00		TOTAL	0.00	
AMENDMENTS AS FILED (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT	,	CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)		ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 13	Minus	69	= 0		×	=	0	OR	х =		
	Independent (37 CFR 1.16(h))	. ,	Minus	g	= 0		x	=	0	OR	x =	:	
₹	Application Size Fee	(37 CFR 1.16(s))				1							
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							_l_		OR	N/A		
(Column 1) (Column 2) (Column 3)							TOTAL ADD'L FEE		0		TOTAL ADD'L FEE		
AENT B	e jare	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FQR	PRESENT EXTRA		RATE (\$)		ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
ME	Total (37 CFR 1.16(i))	12	Minus		= / .]	×	п		OR	χ ±		
AMENDA	Independent (37 CFR 1.16(h))	' /	Minus	··· O	-/		×	2		OR	x =		
₹	Application Size Fee (37 CFR 1.16(s))							+		ł			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							_		OR	N/A		
	•						TOTAL ADD'L FEE	L		OR	TOTAL ADD'L FEE		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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